U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only AUG 15 2005	
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U - Land	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Joseph Giordano	Name I.U.P.A.T. District Council No. 9 AFL-CIO
	Labor Organization File Number 006-770
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11 Cathy Court	Street 45 West 14th Street
City Malverne	City New York
State New York ZIP Code +4 11565	State New York ZIP Code + 4 10011-7419
5. Position in labor organization.  Business Agent	
Enter appropriate data below If, during the past fiscal year, you or your spon (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	sions set forth in the instructions):  derived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	None:
Trade Name, if any:	
DO Day Dida Day No. (5-as)	Account of the second of the s
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	\$0
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	
	ing documents), has been examined by the signatory and is, to the best of the
Signed	ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Joseph Giordano	File Number <b>U</b> -
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Joint Apprentice and Training Fund	ghorizon)
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 45 West 14th Street	c. Employer
City New York	,
State   New York   ZIP Code + 4   10011-7419	•
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Joint Apprentice and Training Fund	Related organization.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 45 West 14th Street	11 h Approximate della value of push della
	11.b. Approximate dollar value of such dealing. \$0
City New York	Nacidity and the state of the s
City         New York           State         New York           ZIP Code + 4 10011-7419	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.
вышлиция принимення приниме Принимення принимення при	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 10011-7419	12.a. Nature of interest held or income received.
State New York ZIP Code + 4 10011-7419	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35
State New York  ZIP Code + 4 10011-7419  *  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35
State New York  ZIP Code + 4 10011-7419  *  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.
State New York  ZIP Code + 4 10011-7419  C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	12.a. Nature of interest held or income received.  Lunch meeting with director of training fund.  12.b. Amount. \$35  or parts A and B above) or other thing of value.  14.a. Nature of payment.

Name of Person Filing	Joseph	Giordano
-----------------------	--------	----------

File Number U-

# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Drywall Tapers Insurance Fund	a. Labor Organization	
Trade Name, if any:	Secretary Constitution	
P.O. Box, Bldg., Room No., if any Room 1003	b. Trust	
Street 265 West 14th Street	c. Employer	
City New York		
State New York ZIP Code + 4 10011		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Drywall Tapers Insurance Fund	Related organization.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Room 1003		To consider the control of the contr
Street 265 West 14th Street		
City New York		
State New York	11.b. Approximate dollar value of such dealing.	\$0
* <i>&gt;</i>	12.a. Nature of interest held or income received.	
	Golf outing / dinners during Legis held in Puerto Rico:	lative Conference
	- Golf: \$ 100 - Dinners: \$ 175	er i ja Audys-ja-jos
	- Drimers: \$ 175	nhome consuce
		httissen
;		anyone can
* &1		
	12.b. Amount.	\$275

Name of Person Filing Joseph	Giordano	File Number <b>U</b> -
		i

8. Name and address of Business (including trade name, if any).  Name Gould, Kobrick & Schlap, P.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 4309  Street 350 Fifth Avenue  City New York  State New York  ZIP Code + 4 10118	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	None .  11.b. Approximate dollar value of such dealing.	\$00
	12.a. Nature of interest held or income received.	
	Attended golf outing and luncheon accounting firm:  - Golf: \$ 75 - Lunch: \$ 75	sponsored by
	12.b. Amount.	\$150

Name of Person Filing Joseph Giordano	File Number U-
	<u> </u>

8. Name and address of Business (including trade name, if any).  Name Assoc. of Wall, Ceiling & Carpentry - NY  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 301  Street 125 Jericho Turnpike  City Jericho  State New York  ZIP Code + 4 11753	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	Related organization.	
State 21F Court 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.  Attended BBQ sponsored by the Association	ziaton.
	12.b. Amount.	\$100

Name of Person Filing Joseph Giordano	•	File Number <b>U</b> -

8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York  ZIP Code + 4 10011	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Painting Industry Insurance Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 45 West 14th Street  City New York  State New York  ZIP Code + 4 10011	Amounts paid to investment custodicalendar year 2004.  11.b. Approximate dollar value of such dealing.	an for the \$155,054
	12.a. Nature of interest held or income received.	
	Attended golf outing sponsored by	Amalgamated Bank.
	12.b. Amount.	\$250

Name of Person Filing Joseph Giordano	File Number U-
---------------------------------------	----------------

8. Name and address of Business (including trade name, if any).	9. Business deals with:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name Amalgamated Bank	a. Labor Organization	
Trade Name, if any:	a. Laboi Oiganization	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street 15 Union Square	c. Employer	
City New York		
State New York ZIP Code + 4 10011		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Painting Industry Insurance Fund	Amounts paid to investment custodia calendar year 2004.	an for the
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		no e e e e e e e e e e e e e e e e e e e
Street 45 West 14th Street		
		TERMINISTANCE OF THE PROPERTY
City New York		i dendri distributa de manda se se casa de se escanda de manda de manda de manda de manda de se escanda de se
State New York ZIP Code + 4 10011	11.b. Approximate dollar value of such dealing.	\$155,054
	12.a. Nature of interest held or income received.	
	Baseball tickets.	other and an analysis
		i.
		**************************************
		vudeur Addor
		en de de la companya
		1 control of the cont
		A Andrew state
	The Amount	**************************************
	12.b. Amount.	*256

Name of Person Filing	Joseph Giordano	File Number <b>U-</b>	

C			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Assoc. of Wall, Ceiling & Carpentry - NY	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 301	b. Trust		
Street 125 Jericho Turnpike	c. Employer		
City Jericho			
State New York ZIP Code + 4 11753			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Related organization.	Windows And Annual Control of the Co	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		V V V V V V V V V V V V V V V V V V V	
Street			
		<b>9</b> , 0	
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0	
	12.a. Nature of interest held or income received.		
	Dinner with spouse and representat Association at the Master Painters Arizona.	ives of the convention in	
		· October Consistence	
		regionalibris, in-	
	12.b. Amount,	\$200	
		, γ <u>2</u> 00;	

Name of Person Filing Joseph Giordano	File Number <b>U-</b>

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Drywall Tapers Insurance Fund	formal a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Room 1003	b. Trust	
Street 265 West 14th Street	c. Employer	
City New York	,	
State New York ZIP Code + 4 10011		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Drywall Tapers Insurance Fund	Related organization.	
Trade Name, if any:		
The first transformation and makes of cards and for administration of processing the first transformation of the f		7
P.O. Box, Bldg., Room No., if any Room 1003		
Street 265 West 14th Street		The second secon
City New York		Professional interests
State New York ZIP Code + 4 10011	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Holiday gift received by wife.	OOOOOOO TO TO
		(Ach Shapes ee.
		The Property and add to
		nonoreddout/fi
		end acceptance
	12.b. Amount.	\$130

Name of Person Filing	Joseph Giordano		File Number <b>U</b> -	

8. Name and address of Business (including trade name, if any).  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 15 Union Square  City New York  State New York  ZIP Code + 4 10011	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Painting Industry Insurance Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 45 West 14th Street  City New York	Amounts paid to investment custod calendar year 2004.	ian for the
State New York ZIP Code + 4 10011	11.b. Approximate dollar value of such dealing.	\$155,054
	12.a. Nature of interest held or income received.	
	Holiday gift - bottle of liquor.	
	12.b. Amount.	\$50

Name of Person Filing Joseph Giordano	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	•	
Name Amalgamated Bank	genetizano.		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 15 Union Square	c. Employer		
City New York			
State New York ZIP Code + 4 10011			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Painting Industry Insurance Fund	Amounts paid to investment custodi calendar year 2004.	an for the	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	·		
Street 45 West 14th Street			
City New York			
State New York ZIP Code + 4 10011	11.b. Approximate dollar value of such dealing.	\$155,054	
	12.a. Nature of interest held or income received.	Someone and the second and the secon	
	Baseball tickets.		
·			
		en e	
	12.b. Amount.	\$222	

Name of Person Filing Joseph Giordano	File Number U-
To the state of th	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Amalgamated Bank	,		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	X b. Trust		
Street 15 Union Square	c. Employer		
City New York			
State New York ZIP Code + 4 10011			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Painting Industry Insurance Fund	Amounts paid to investment custodicalendar year 2004.	an for the	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 45 West 14th Street			
City New York		dimensional states and	
State New York ZIP Code + 4 10011	11.b. Approximate dollar value of such dealing.	\$155,054	
	12.a. Nature of interest held or income received.	Notice you as a first or an arm of the second of the secon	
	Holiday Gift - Blanket.	a ma_dadpropp	
		er die West was die voor de die voor de die voor	
	12.b. Amount.	\$38	

ì				İ	
	Name of Person Filing	Joseph	Giordano	File Number l	J-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Assoc. of Wall, Ceiling & Carpentry - NY	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 301	b. Trust	
Street 125 Jericho Turnpike	c. Employer	
City Jericho		
State New York ZIP Code + 4 11753	ŕ	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related organization.	•
Trade Name, if any:		a in require (c) green
The contract of the contract o		
P.O. Box, Bldg., Room No., if any		no en la capa en managa.
Street [		- Comment
City		
State ( State	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Dinner at the Master Painters Confito discuss conference activities.	erence in Arizona
		Mile and the man
		William Annie Charles
	12.b. Amount.	\$150

Name of Person Filing Joseph	Giordano	File Number <b>U-</b>

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Assoc. of Wall, Ceiling & Carpentry - NY	a. Labor Organization b. Trust		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 301			
Street 125 Jericho Turnpike	c. Employer		
City Jericho			
State New York ZIP Code + 4 11753			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	STANKER AND AND THE STANKER AND	
Name	Related organization.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street Control of the		e	
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0	
	12.a. Nature of interest held or income received.		
	Discussion of juristictional issues at the Arizona Master Painters Conference over drinks and other refreshments.		
		and the second of the second o	
	12.b. Amount.	\$68	

Name of Person Filing Joseph Giordano File Number U-
--

		Manager 11
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Assoc. of Wall, Ceiling & Carpentry - NY	a. Labor Organization	
Trade Name, if any:	(C.N)	
P.O. Box, Bldg., Room No., if any Suite 301	b. Trust	
Street 125 Jericho Turnpikė	c. Employer	
City Jericho		
State New York ZIP Code + 4 11753		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Related organization.	
Trade Name, if any:		considerate and the second
P.O. Box, Bldg., Room No., if any		Annual Community of the
		drywnou i canada a c
		of Congress
City		Other transmitted and the second seco
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Lunch meeting at Arizona Master Pa to discuss NYC projects.	inters Conference
		distribution and the second se
	12.b. Amount.	And a co
	12.D. AHOURL	\$110